

FORM LM-30

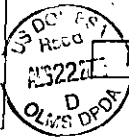
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - 10467 | 2. Fiscal Year Covered From 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name Robert E Maguire P.O. Box, Bldg., Room No., if any Street 63-51 Pleasantview St. City Middle Village State New York ZIP Code + 4 11379 | 4. Name, file number, and address of labor organization. Name Local 580 Benefit Office Labor Organization File Number 024875 P.O. Box, Building and Room Number, if any Street 501 W. 42nd St., 2nd FL City New York State New York ZIP Code + 4 10036 |
| 5. Position in labor organization. President-Trust Fund Trustee | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Robert E. Maguire* On *8-15-05* *718-894-6302*
Date Telephone Number

| | |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or . . . (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name Local 580 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 501 W. 42nd St., 2nd FL

City New York

State New York ZIP Code + 4 10036

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employers make contributions to trust fund pursuant to Local 580 Collective Bargaining Agreement. The amount to be entered in 11B cannot be determined.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Wages for committee meetings
6/23 Pension Fund \$459.20
6/29 Joint Board \$459.20
10/7 Annuity Fund \$473.20
10/12 Vacation Fund \$473.20
10/21 Insurance Fund \$473.20

12.b. Amount

\$2,338.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant?

14.b. Amount of payment

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:

U.S. Dept of Labor
Employment Standards
AdministrationOffice of Labor-
Management
200 Constitution Ave, NW
Washington, DC 20210

2. Article Number

(Transfer from service label)

0000 1670 001378201202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes